

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>MSD</i>		1/27/00
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW		71634	2/14/00
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - ..... Canceled  
 + ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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